

IN THE
SUPERIOR COURT OF THE
STATE OF ARIZONA
COUNTY OF MARICOPA

INSTRUCTIONS FOR SUBMITTING CIVIL APPEALS DOCKETING STATEMENT:

Rule 12, Arizona Rules of Civil Appellate Procedure, by amendment effective on January 1, 1998, provides that appellant shall file a Civil Appeals Docketing Statement (Docketing Statement) in Superior Court within 10 days after filing the notice of appeal. The attached Docketing Statement form must be completed fully and accurately by appellant's counsel or, if not represented by counsel, by appellant personally. A cross-appellant shall file a Docketing Statement within 10 days after filing a notice of cross-appeal.

The Docketing Statement is intended to assist the parties in identifying common procedural and jurisdictional problems prior to briefing and to provide the court with information needed for its issue tracking and appellate settlement programs.

The requirement that appellant identify issues in the Docketing Statement will not limit appellant's presentation of issues in the opening brief. Omission of an issue from the Docketing Statement will not provide an appropriate basis for a motion to strike any portion of the opening brief. However, appellant's early and accurate identification of issues is critical to the court's successful use of the Docketing Statement to improve case processing.

Type or print your answers to all questions on the Docketing Statement form. Alternatively, you may reproduce the docketing statement form as a word processing document. Attach a copy of the notice of appeal. In cases involving multiple appellants, the court encourages appellants to consult with each other and, whenever possible, to file only one Docketing Statement with notices of appeal attached.

Appellant shall serve a copy of the Docketing Statement on counsel of record for all other parties. Failure to file or serve a Docketing Statement within the time prescribed shall not affect the validity of the appeal, but may result in sanctions by the Appellate Court, including dismissal of the appeal.

Name of Person Filing: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) or ☐ Plaintiff or ☐ Defendant

IN THE
SUPERIOR COURT OF THE
STATE OF ARIZONA
COUNTY OF MARICOPA

CIVIL APPEALS DOCKETING STATEMENT

CASE NAME: _____) 1 CA-CV _____
_____) _____
_____) _____ COUNTY SUPERIOR COURT
v. _____) CASE NO.: _____
_____) _____
_____) TRIAL JUDGE _____
PARTY[IES] FILING APPEAL: _____)
_____)
_____)
_____)
_____)

A. TIMELINESS OF APPEAL

1. Date judgment/order was entered _____.
2. Is the judgment/order signed as required by Rule 58(a)? ___ Yes ___ No
3. Was the time for appeal extended by motion? ___ Yes ___ No

(a) if yes, type of motion:

____ Motion for new trial [Rule 59(a) and (d)]
____ Motion to alter or amend judgment [Rule 59(1)]
____ Motion for judgment NOV [Rule 50(b)]
____ Motion to amend or make additional findings [Rule 52(b)]
____ Notice of intent to claim attorneys' fees [Rule 54(g)]

(b) Motion was served on _____ and filed on _____.
(date) (date)

(c) The court ruled on the motion on _____.
(date)

(d) Was the ruling on the motion made in a signed order? ____ Yes ____ No

4. Notices of appeal filed on _____. (Attach copy.)
(date)

(a) If more than one party has appealed from the judgment or order, list date each notice of appeal was filed and identify by name the party filing the notice of appeal.

B. APPEALABLE JUDGMENT OR ORDER

1. Basis for appellate jurisdiction under A.R.S. § 12-2101:
(Check appropriate statutory subsection)

_____ A	_____ A(1)	_____ A(2)	_____ A(3)
_____ A(4)	_____ A(5)(a)	_____ A(5)(b)	_____ A(5)(c)
_____ A(5)(d)	_____ A(6)	_____ A(7)	_____ A(8)
_____ A(9)	_____ A(10)(a)	_____ A(10)(b)	_____ A(11)(a)
_____ A(11)(b)	_____ B		

or under A.R.S. § 12-2101.01(A):

_____ A(1)	_____ A(2)	_____ A(3)	_____ A(4)
_____ A(5)	_____ A(6)	_____ B	

1. List all parties involved in the superior court action:

(attach separate sheet, if necessary)

- (a) If all parties in superior court are not parties to this appeal, explain in detail (with specific reference to the record on appeal) why those parties are not included in this appeal, e.g., dismissed, not served, or other:

1. Give brief description (3-5 words) of each party's separate claims, counterclaims, cross-claims or third party claims, and the trial court's disposition of each claim, e.g., bench trial, jury verdict, dismissal, summary judgment, default judgment or other (include specific references to the record on appeal and attach separate sheet, if necessary):

4. Does the judgment dispose of all claims and all parties? ____ Yes ____ No

(a) If no, was it made appealable under Rule 54(b) (ACRP)? ____ Yes ____ No

(b) Specify claims that remain pending in superior court:

5. Did this case originate in a justice of the peace court or city court? ____ Yes ____ No

(a) If yes, was there:

(1) ____ an appeal to superior court; or

(2) ____ a special action to superior court.

6. Does this appeal involve a contempt judgment or order? ____ Yes ____ No

B. OTHER INFORMATION

1. Disposition below: (check all applicable descriptions)

____ Bench Trial

____ Jury Verdict

____ Summary Judgment

____ Review of Agency Action

____ Grant/Deny Rule 60(c) Relief

____ Grant/Deny New Trial or

Dismissal For:

____ Lack of Jurisdiction

____ Failure to State a Claim

____ Failure to Prosecute

____ Discovery Sanction

____ Other _____

___ Judgment Notwithstanding the Verdict _____

___ Injunction

___ Grant/Deny Special Action

2. Do you intend to order reporter's transcripts for the appeal? ___ Yes ___ No

(a) If so, have all necessary arrangements been made
for preparation of the transcript? ___ Yes ___ No

(b) Estimated date of completion of transcript. _____

3. **Brief** description of nature of action and result in trial court:

4. Issues to be raised on appeal (attached separate sheet if necessary):

5. Do you believe this appeal would be appropriate for an accelerated
appeal under Rule 29, ARCAP? ___ Yes ___ No

6. Do you believe this appeal would be appropriate for inclusion in the
appellate settlement program? ___ Yes ___ No

C. **PENDING AND PRIOR PROCEEDINGS IN THIS COURT AND THE ARIZONA
SUPREME COURT**

Has any other notice of appeal, petition for special action or petition for review been filed
from the same or consolidated superior court action? ___ Yes ___ No. If yes, give the
case number of that appeal, special action or petition for review.

D. **RELATED APPEALS**

Are there any other appeals pending in this court involving the same parties, events or transactions giving rise to this appeal? ☐ Yes ☐ No. If yes, please identify that proceeding.

E. **PROCEEDINGS IN OTHER COURTS**

Has any bankruptcy court petition been filed or has any other proceeding been commenced in another court that affects this court's jurisdiction over this appeal? ☐ Yes ☐ No. If yes, please identify that proceeding.

F. **SIMILAR ISSUES**

Are you aware of any pending appeals in this court raising the same or closely related issues? ☐ Yes ☐ No. If yes, give the case name and number, if known.

G. **PERSON FILING DOCKETING STATEMENT**

Name of Attorney: _____

Address: _____

Telephone: _____

Check one: ☐ Attorney ☐ Party Not Represented by Counsel

Check one: ☐ Appellant ☐ Cross-Appellant

Name of Party: _____

If this is a joint statement by multiple appellants, add the names and address of other counsel on an additional sheet accompanied by certification that they concur in the filing of this statement.

H. **OPPOSING COUNSEL ON APPEAL**

Name of Attorney: _____

Address: _____

Telephone: _____

Check one: ☐ Attorney ☐ Party Not Represented by Counsel

Check one: ☐ Appellant ☐ Cross-Appellant

Name of Party: _____

(List additional counsel on separate sheet if necessary).

VERIFICATION

I certify that the information provided in this Docketing Statement is true and complete. In the event there is any change with respect to any entry on this statement, I understand that appellant shall have a continuing obligation to file an amended statement on the prescribed form.

_____ Name of appellant	_____ Name of counsel of record
_____ Date	_____ Signature of counsel of record

CERTIFICATION OF SERVICE

I certify that on the _____ day of _____, 20____, I served the above Docketing Statement on all counsel of record by depositing a true copy thereof in the United States mail addressed as follows:

Signature